

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035051

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

4696

FILED SEP 28 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>8 Years</b>		Inside Limits <b>Yes XX No</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5005 Wyandotte Street</b>		d. STREET ADDRESS (If outside, give location) <b>5005 Wyandotte Street</b>	
Inside Limits <b>Yes X No</b>		Reside on Farm <b>Yes No X</b>	
3. NAME OF DECEASED (Type or print) <b>GAYLORD LLOYD WILKINS</b>		4. DATE OF DEATH Month <b>September</b> Day <b>12</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-23-1913</b>
9. AGE (last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>49</b> Days <b>49</b> Hours <b>49</b> Min. <b>49</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney at Law</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Legal Practice</b>	
11. BIRTHPLACE (City and state or country) <b>Hannibal, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>F.D. Wilkins</b>		13b. MOTHER'S MAIDEN NAME <b>Dianna Robertia</b>	
14. NAME OF HUSBAND OR WIFE <b>Hazel Wilkins</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. INFORMANT <b>Fred Wilkins, 5005 Wyandotte, Kansas City, Mo.</b>		17. ADDRESS <b>5005 Wyandotte, Kansas City, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion</b> DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>18 mo.</b> DUE TO (c) <b>Circulatory Insufficiency</b> <b>3 yr.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <b>8:05</b> a.m. <b>8:05</b> p.m. <b>8:05</b> Month, Day, Year <b>5-14-57</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Louisiana, Missouri</b>		COUNTY <b>Louisiana</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>5-14-57</b> to <b>9-12-62</b> and last saw her alive on <b>8-12-62</b> Death occurred at <b>8:05</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John C. Taylor</b>		22b. ADDRESS <b>4321 Main</b>	
22c. DATE SIGNED <b>9-13-62</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>	
22e. LOCATION (City, town, or county) <b>Louisiana, Missouri</b>		22f. STATE <b>Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-15-1962</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) <b>Louisiana, Missouri</b>	
23e. STATE <b>Missouri</b>		23f. DATE RECD. BY LOCAL REG. <b>9-13-62</b>	
23g. REGISTRAR'S SIGNATURE <b>Ruth Long</b>		23h. ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

John C. Taylor

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

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23738

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94672

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Dr. John C. Taylor  
4321 Main Street  
JE.1-5900

11:30 A.M. - 5:00 P.M. Thurs.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*J. R. Freeman*

Licensed Embalmer No. 2939

P.O. Address

F. O. 240.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.